Purplet, the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.    Complete if Known
Application Number
Small Entity Supported by a small entity statement, otherwise being entity fees must be paid. See Forms PTO/SB/09-12.  Art Unit 2823  Attorney Docket No. TI-31118  METHOD OF PAYMENT  1.
Examiner Name   Julio J. Maldonado   Art Unit   2823   Art Unit   2823
Art Unit 2823  Art Unit 2823  Attorney Docket No. TI-31118    METHOD OF PAYMENT   FEE CALCULATION (continued)
METHOD OF PAYMENT  1.
METHOD OF PAYMENT  1. The Commissioner is hereby authorized to charge to the following Deposit Account,  Deposit Account Number  20-0668  Deposit Account Name  Texas Instruments Incorporated  Charge any additional fee required or credit any overpayment  2. Payment Enclosed:  Check Money Order  Texas Instruments  Other  Check Money Order  Texas Instruments  Other  Texas Instruments  Texas Indicated fees and any additional fee required or credit any overpayment  Texas Instruments  Texa
Deposit Account Number    Deposit Account Number   20-0668
Number  Deposit Account Name  Texas Instruments Incorporated  Charge any additional fee required or credit any overpayment  Charge any additional fee required or credit any overpayment  Check Money Order  Texas Instruments Incorporated  Name  Money Order  Deposit Account Name  Texas Instruments Incorporated  Texas In
Texas Instruments Incorporated    1052 50 2052 25   Surcharge - late provisional filing fee or cover sheet.
required or credit any overpayment  2. Payment Enclosed:  Check Money Order  FEE CALCULATION  1812 2,520 1812 2,520 For filing a request for reexamination  1804 920* 1804 920* Requesting publication of SIR prior to Examiner action  FEE CALCULATION  1251 120 2251 60 Extension for reply within first month  1252 450 2252 225 Extension of time within second month
2. Payment Enclosed:  Check Money Order  FEE CALCULATION  1812 2,520 1812 2,520 For filing a request for reexamination  1804 920* 1804 920* Requesting publication of SIR prior to Examiner action  1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action  1251 120 2251 60 Extension for reply within first month  1252 450 2252 225 Extension of time within second month
Check Money Order    Second Filling FEE CALCULATION   1805 1,840*   1805
FEE CALCULATION  1251 120 2251 60 Extension for reply within first month  1. BASIC FILING FEE  1252 450 2252 225 Extension of time within second month
1. BASIC FILING FEE 1252 450 2252 225 Extension of time within second month
1. BASIC FILING FEE
Large Entity Small Entity  1253 1,020 2253 510 Extension of time within third month 1254 1,590 2254 795 Extension of time within fourth month
Fee Fee Fee Fee Description Fee Paid  Code (\$) Code (\$)  Lack State Stat
(4)
1001 300 2001 150 Utility filing fee
1003 200 2003 100 Plant filing fee \$ 1403 1,000 2403 500 Request for oral hearing
1004 300 2004 150 Reissue filing fee s 1451 1,510 1451 1,510 Petition to institute a pubic use proceeding
1005 200 2005 100 Provisional filing fee \$ 1452 500 2452 250 Petition to revive - unavoidable
SUBTOTAL (1) 1453 1,500 2453 750 Petition to revive - unintentional
1501 1,400 2501 700 Utility issue fee (or reissue)
2. EXTRA CLAIM FEES 1502 800 2502 400 Design issue fee
1460 130 1460 130 Petitions to the Commissioner
Fee from  1807 50 1807 50 Processing fee under 37 CFR 1.17(q)
otal Claims 0 -20**= 0 x 50 = 0.00
ndependent 0 -3** = 0 x 200 = 0.00 8021 40 Recording each patent assignment per properly (time number of properties)
fultiple Dependent = 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))
*or number previously paid, if greater; For Reissue, see below 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))
Large Entity Small Entity Fee Fee Fee Fee Description
Code (\$) Code (\$)
1202 50 2202 25 Claims in excess of 20 Other fee (specify) Terminal Disclaimer fee Under 37 CFR 1.20(d)
1201 200 2201 100 Independent Claims in excess of 3
1203 360 2203 180 Multiple dependent claims in excess of 3
1204 200 2204 100 **Reissue independent claims over original patent  1205 50 2205 25 **Reissue claims in excess of 20 and
over original patent  *Peduced by Basic Filips Fee Paid  \$URTOTAL (3)
SUBTOTAL (2) (\$)0 Reduced by Basic Filing Fee Paid SUBTOTAL (3) 130
SUBMITTED BY
Typed or Printed Name Reg. Number 44,923
Signature Date Deposit Account User ID

Applicant:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No:

TI-31118

Conf. No:

4815

1/w

Julio J. Maldonado

Douglas T. Grider

Art Unit:

2823

Filed:

Examiner:

09/28/2001

09/967,044

For:

و Range Serial No:

METHOD FOR TRANSISTOR GATE DIELECTRIC LAYER WITH UNIFORM NITROGEN

CONCENTRATION

## AMENDMENT UNDER 37 C.F.R. § 1.111

**Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450 MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(a)

I hereby certify that the above correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>/-4-05</u>

Dear Sir:

Responsive to the Office Action mailed October 6, 2004, in connection with the above identified application, Applicant respectfully submits the following amendments and remarks.